

IDAHO DEPARTMENT OF CORRECTION

Witness Statement

Name: _____ Inmate #: _____

Date: _____ Living unit: _____

The entire statement may be rejected if the following guidelines are not followed:

To be considered, statements must be written within the space provided, legible, specific, and related to the alleged disciplinary offense.

You are completing this statement of your own free will. Giving false information could lead to disciplinary action.

I witnessed the following: _____

Inmate's Signature: _____ Date: _____